

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/597,966
	Filing Date	AUGUST 14, 2006
	First Named Inventor	PETER LE VIEVRE
	Title	MULTI-TUBE SOLAR COLLECTOR STRUCTURE
	Art Unit	3749
	Examiner Name	NIKHIL P. MASHRUWLA
	Attorney Docket Number	AUSLTD-006US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 10px; width: 150px; margin: 0 auto;">76082</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number								
Practitioner(s) Name	Registration Number										

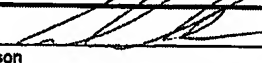
Please recognize or change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	
Country		Zip	
Telephone		Email	

I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) submitted herewith or filed on _____	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

SIGNATURE of Applicant or Assignee of Record

Signature		Date	December 14, 2006
Name	Debra A. Olson	Telephone	(650)543-6723
Title and Company	Executive Vice President & General Counsel, Austra Pty Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.	
---------------------------------------------------------------	--

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.